ATTACHMENT 5

INSPECTION LOG SHEETS

DAILY ENVIRONMENTAL INSPECTIONS

**ENVIRONMENTAL INSPECTION LOG
FOR THE
INCINERATOR RESIDUE DISCHARGE POINTS &
LOAD/UNLOAD AREAS (CHB)**

SECTION 3 (to be filled out daily)

a. **Mark with an S any items found to be satisfactory. Mark area found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

( ) CHB Load/Unload Areas

b. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

**DAILY ENVIRONMENTAL INSPECTION
FOR 24-HOUR INTERMITTENT COLLECTION UNITS AND
MDB RCRA PERMITTED SUMPS (CATEGORY A, B AND A/B AREAS)**

Sump	Daily Results	Sump	Daily Results	Sump	Daily Results
SDS-PUMP-106		SDS-PUMP-125		SDS-PUMP-161	
SDS-PUMP-107		SDS-PUMP-126		SDS-PUMP-164	
SDS-PUMP-108		SDS-PUMP-127		SDS-PUMP-168	
SDS-PUMP-109		SDS-PUMP-134		SDS-PUMP-169	
SDS-PUMP-110		SDS-PUMP-135		SDS-PUMP-174	
SDS-PUMP-112		SDS-PUMP-145		SDS-PUMP-175	
SDS-PUMP-113		SDS-PUMP-146		SDS-PUMP-179	
SDS-PUMP-114		SDS-PUMP-147		SDS-PUMP-180	
SDS-PUMP-115		SDS-PUMP-148		SDS-PUMP-182	
SDS-PUMP-116		SDS-PUMP-149		SDS-PUMP-184	
SDS-PUMP-117		SDS-PUMP-153		SDS-PUMP-188	
SDS-PUMP-118		SDS-PUMP-154		SDS-PUMP-189	
SDS-PUMP-123		SDS-PUMP-157		SDS-PUMP-190	
SDS-PUMP-124		SDS-PUMP-160			

1. The sumps are identified by their corresponding pump numbers.

2. Visual inspection (i.e., by viewing advisor screen located in control room) for the absence of material in sumps. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature _____ Date _____ Time _____

NOTE: SEE COMPLETED PM WORK ORDERS FOR ITEMS REQUIRED DURING AGENT CAMPAIGN CHANGEOVERS.

DAILY ENVIRONMENTAL INSPECTION LOG FOR MDB RCRA PERMITTED SUMPS (CATEGORY C AREAS)

SUMP[1, 2]	RESULTS S/U	TIME
SDS-PUMP-101		
SDS-PUMP-102		
SDS-PUMP-103		
SDS-PUMP-104		
SDS-PUMP-199		
SDS-PUMP-200		

1. The sumps are identified by their corresponding pump numbers.
2. Physical, visual inspection is required. The contents must be pumped within 24 hours of alarm activation. When the low-level indicator is deactivated, the sump is considered absent of material. **Mark with an S any item found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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NOTE: SEE COMPLETED PM WORK ORDERS FOR ITEMS REQUIRED DURING AGENT CAMPAIGN CHANGEOVERS.

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Inspector's Signature Date

DAILY ENVIRONMENTAL INSPECTION LOG FOR MDB RCRA PERMITTED SUMPS (CATEGORY C AREAS)

SUMP[1, 2]	RESULTS S/U	TIME
SDS-PUMP-130		
SDS-PUMP-131		
SDS-PUMP-133		
SDS-PUMP-136		
SDS-PUMP-137		
SDS-PUMP-138		
SDS-PUMP-139		
SDS-PUMP-140		
SDS-PUMP-141		
SDS-PUMP-142		
SDS-PUMP-144		
SDS-PUMP-152[3]		
SDS-PUMP-156		
SDS-PUMP-167		
SDS-PUMP-173		
SDS-PUMP-192		
SDS-PUMP-193		
SDS-PUMP-197		

1. The sumps are identified by their corresponding pump numbers.
2. Physical, visual inspection is required. The contents must be pumped within 24 hours of alarm activation. When the low-level indicator is deactivated, the sump is considered absent of material. **Mark with an S any item found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**
3. When overpacks are stored in the TMA Airlock, the Airlock may be upgraded from a Category C to a Category B area. If this occurs, the requirements specified elsewhere in the Permit for Category B RCRA permitted sumps (i.e., daily visual inspection augmented by weekly physical inspection) will be adhered to.

Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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NOTE: SEE COMPLETED PM WORK ORDERS FOR ITEMS REQUIRED DURING AGENT CAMPAIGN CHANGEOVERS.

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Inspector's Signature Date

ENVIRONMENTAL INSPECTION LOG
FOR THE
LIQUID INCINERATOR NO. 1 PRIMARY AND SECONDARY CHAMBERS

Daily

1. Mark with a ✓ whether the inspection of the Primary Chamber is being performed through the use of a Closed Circuit TV ( ), or In-Person ( ).

2. **Secondary Chamber must be performed In-Person**.

3. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Primary Chamber Agent Feed Line
   LIC 1

   b. ( ) Primary Chamber
   LIC 1

   c. ( ) Primary Chamber Combustion Air Blowers
   LIC 1

   d. ( ) Primary Chamber Room Floor
   LIC 1

   e. ( ) Secondary Chamber SDS Feed Line
   LIC 1

   f. ( ) Secondary Chamber
   LIC 1

   g. ( ) Secondary Chamber Combustion Air Blowers
   LIC 1

   h. ( ) Secondary Chamber Room Floor
   LIC 1

4. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

Inspector's Signature _____ Date _____ Time _____

ENVIRONMENTAL INSPECTION LOG
FOR THE
LIQUID INCINERATOR NO. 2 PRIMARY AND SECONDARY CHAMBERS

Daily

1. Mark with a ✓ whether the inspection of the Primary Chamber is being performed through the use of a Closed Circuit TV ( ), or In-Person ( ).

2. **Secondary Chamber must be performed In-Person**.

3. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Primary Chamber Agent Feed Line
   LIC 2

   b. ( ) Primary Chamber
   LIC 2

   c. ( ) Primary Chamber Combustion Air Blowers
   LIC 2

   d. ( ) Primary Chamber Room Floor
   LIC 2

   e. ( ) Secondary Chamber SDS Feed Line
   LIC 2

   f. ( ) Secondary Chamber
   LIC 2

   g. ( ) Secondary Chamber Combustion Air Blowers
   LIC 2

   h. ( ) Secondary Chamber Room Floor
   LIC 2

4. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature _____ Date _____ Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
DEACTIVATION FURNACE

Daily

1. Mark with a ✓ whether the inspection is being performed through the use of a Closed Circuit TV ( ), or In-Person ( ).

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Rotary Kiln Combustion Air Blower

   b. ( ) Rotary Kiln

   c. ( ) Rotary Kiln Drive

   d. ( ) Rotary Kiln Drive Lubrication System

   e. ( ) Heated Discharge Conveyor

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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_____ _____ _____
Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
DEACTIVATION FURNACE

Daily

1. **This inspection is performed in person.**

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Afterburner Combustion Air Blower

   b. ( ) Afterburner

   c. ( ) DFS Kiln Exhaust Isolation Valve (XV-862) Locks in Place and Secure

   d. ( ) DFS Afterburner Intake Valve (HV-863) Locks in Place and Secure

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

**ENVIRONMENTAL INSPECTION LOG
FOR THE
METAL PARTS FURNACE**

Daily

1. This inspection is performed through the use of a Closed Circuit TV and by looking through windows from the Second Floor observation corridor. Convex mirrors are used to inspect areas not easily visible from the windows.

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Waste Feed System

   b. ( ) Combustion Air Blowers (evaluate performance through CON Advisor indications)

   c. ( ) Primary Chamber

   d. ( ) Afterburner

   e. ( ) Ductwork joining Primary Chamber and Afterburner

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
POLLUTION ABATEMENT SYSTEM

Part 1

1. Mark with a ✓ which system is being inspected

( )	( )	( )	( )
LIC 1	LIC 2	MPF	DFS

2. **Mark with an S any items found to be satisfactory. Mark with a U the system(s) of which incinerator's PAS are found to be unsatisfactory and describe in comments.**

a.	Exhaust Gas Ductwork	( ) LIC1	( ) LIC2	( ) MPF	( ) DFS		
b.	Quench Tower and Associated Pumps/Piping	( ) LIC1	( ) LIC2	( ) MPF	( ) DFS		
c.	Venturi scrubber and Associated Pumps/Piping	( ) LIC1	( ) LIC2	( ) MPF	( ) DFS		
d.	Packed Bed Scrubber and Associated Pumps/Piping	( ) LIC1	( ) LIC2	( ) MPF	( ) DFS		
e.	Bleed Air Damper Cover plate	( ) LIC1	( ) LIC2	( ) MPF	( ) DFS		
f.	Demister	( ) LIC1	( ) LIC2	( ) MPF	( ) DFS	( ) LIC Spare	( ) MPF/DFS Spare
g.	PAS Blower	( ) LIC1	( ) LIC2	( ) MPF	( ) DFS		
h.	Flanged Ductwork Connections	( ) LIC1	( ) LIC2	( ) MPF	( ) DFS		
i.	Scrubber Effluent Handling System	( ) LIC1	( ) LIC2	( ) MPF	( ) DFS		
j.	PAS Sump 110 Less than 3 inches		( )				
k.	PAS Sump 110 no oil sheen		( )				

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

Inspector's Signature	Date	Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
POLLUTION ABATEMENT SYSTEM

Part 2

SYSTEM	WORK REQUEST #	EQUIPMENT	INTERIM ACTIONS OR REQUEST DESCRIPTION
COMMENTS AND OTHER INFORMATION			

**ENVIRONMENTAL INSPECTION LOG
FOR THE
INCINERATOR RESIDUE DISCHARGE POINTS &
LOAD/UNLOAD AREAS**

1. **Mark with an S any items found to be satisfactory. Mark area found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

   Date:_____

Area	Inspection Results (S/U)	Time	Inspector's Signature
RHA Load/Unload Area (outside building)			
MPF Metal Residue Area			
DFS Cyclone Ash Discharge Area			
DFS Heated Discharge Conveyor Discharge Area			

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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ACAMS WEEKLY/DAILY OPERATIONAL LOG

SEE TE-LOP-524

This page is only used for reference to remind inspectors of the daily requirement.

ACAMS CALIBRATION DATA SHEET

SEE TE-LOP-524

This page is only used for reference to remind inspectors of the daily requirement.

**ENVIRONMENTAL INSPECTION LOG
FOR THE ROCKET SHEAR MACHINE
PERFORMED BY CONTROL ROOM OPERATOR**

Daily

1. **Mark with an S any items found to be satisfactory. Mark items found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Rocket Metering Machines => (N/A) RHS-FEED-101 ( ) RHS-FEED-102

   b. ( ) Waste Feed System => (N/A) ECR A ( ) ECR B

   c. (N/A) Munitions/Bulk Container Demilitarization Machines

Demil Machine ID	No. of Rejects	No. Unplanned Stops	Demil Machine ID	No. of Rejects	No. Unplanned Stops
RHS-RSM-101	N/A	N/A	MMS-BDS-101	N/A	N/A
RHS-RSM-102	N/A		MMS-BDS-102	N/A	N/A
PHS-PMD-101	N/A	N/A	PHS-MDM-101	N/A	N/A
PHS-PMD-102	N/A	N/A	PHS-MDM-102	N/A	N/A
MHS-MIN-101	N/A	N/A	PHS-MDM-103	N/A	N/A

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE PROJECTILE/MORTAR DISASSEMBLY MACHINE
PERFORMED BY CONTROL ROOM OPERATOR

Daily

1. **Mark with an S any items found to be satisfactory. Mark items found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Projectile/Mortar Disassembly Machines (to include Burster Size Reduction Machine)

   b. ( ) Waste Feed System ( ) ECR A (N/A) ECR B

Demil Machine ID	No. of Rejects	No. Unplanned Stops	Demil Machine ID	No. of Rejects	No. Unplanned Stops
RHS-RSM-101	N/A	N/A	MMS-BDS-101	N/A	N/A
RHS-RSM-102	N/A	N/A	MMS-BDS-102	N/A	N/A
PHS-PMD-101			PHS-MDM-101	N/A	N/A
PHS-PMD-102			PHS-MDM-102	N/A	N/A
MHS-MIN-101	N/A	N/A	PHS-MDM-103	N/A	N/A

   C. Munition load/unload components

   ( ) Projectile Tilting Conveyor(s)
   ( ) Multiposition Loader(s)

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

**ENVIRONMENTAL INSPECTION LOG
FOR THE MINE MACHINE
PERFORMED DAILY BY CONTROL ROOM OPERATOR**

1. **Mark with an S any items found to be satisfactory. Mark items found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

( ) Waste Feed System => ( ) ECR B

Demil Machine ID	No. of Rejects	No. Unplanned Stops	Demil Machine ID	No. of Rejects	No. Unplanned Stops
RHS-RSM-101	N/A	N/A	MMS-BDS-101	N/A	N/A
RHS-RSM-102	N/A	N/A	MMS-BDS-102	N/A	N/A
PHS-PMD-101	N/A	N/A	PHS-MDM-101	N/A	N/A
PHS-PMD-102	N/A	N/A	PHS-MDM-102	N/A	N/A
MHS-MIN-101			PHS-MDM-103	N/A	N/A

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

Inspector's Signature _____ Date _____ Time _____

**ENVIRONMENTAL INSPECTION LOG
FOR THE BULK CONTAINER DEMILITARIZATION MACHINES
PERFORMED DAILY BY CONTROL ROOM OPERATOR**

1. **Mark with an S any items found to be satisfactory. Mark items found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Bulk Drain Machine

Demil Machine ID	No. of Rejects	No. Unplanned Stops	Demil Machine ID	No. of Rejects	No. Unplanned Stops
RHS-RSM-101	N/A	N/A	MMS-BDS-101	N/A	
RHS-RSM-102	N/A	N/A	MMS-BDS-102	N/A	
PHS-PMD-101	N/A	N/A	PHS-MDM-101	N/A	N/A
PHS-PMD-102	N/A	N/A	PHS-MDM-102	N/A	N/A
MHS-MIN-101	N/A	N/A	PHS-MDM-103	N/A	N/A

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

**ENVIRONMENTAL INSPECTION LOG
FOR THE MULTIPURPOSE DEMILITARIZATION MACHINE
PERFORMED DAILY BY CONTROL ROOM OPERATOR**

1. **Mark with an S any items found to be satisfactory. Mark items found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Multipurpose Demilitarization Machines

Demil Machine ID	No. of Rejects	No. Unplanned Stops	Demil Machine ID	No. of Rejects	No. Unplanned Stops
RHS-RSM-101	N/A	N/A	MMS-BDS-101	N/A	N/A
RHS-RSM-102	N/A	N/A	MMS-BDS-102	N/A	N/A
PHS-PMD-101	N/A	N/A	PHS-MDM-101		
PHS-PMD-102	N/A	N/A	PHS-MDM-102		
MHS-MIN-101	N/A	N/A	PHS-MDM-103		

   b. Munitions load/unload components

      ( ) Pick and Place Machine(s)

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE TRAY SYSTEM
PERFORMED DAILY BY CONTROL ROOM OPERATOR

1. **Mark with an S any items found to be satisfactory. Mark items found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

   a. Material Handling Conveyor Systems

   ( ) Explosive Containment Vestibule
   ( ) Explosive Containment Room 101
   ( ) Explosive Containment Room 102
   ( ) By Pass Conveyor Line A
   ( ) By Pass Conveyor Line B
   ( ) Buffer Storage Area (supporting Munitions Processing Bay)
   ( ) Munitions Corridor
   ( ) Munitions Processing Bay
   ( ) Buffer Storage Area (supporting MPF)

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions .**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
SPENT DECON SYSTEM (SDS) *

Daily – Inside Toxic Area

1. Mark with a ✓ whether inspection is being performed through the use of: Closed Circuit TV ( ), or In-Person ( ).

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

a.	Level Indicators and Transmitters	( ) SDS-101	( ) SDS-102	( ) SDS-103
b.	Tank Structure	( ) SDS-101	( ) SDS-102	( ) SDS-103
c.	Tank Area	( ) SDS-101	( ) SDS-102	( ) SDS-103
d.	Tank Supports	( ) SDS-101	( ) SDS-102	( ) SDS-103
e.	Pipe System, Valves and Pumps	( ) SDS-101	( ) SDS-102	( ) SDS-103
f.	Secondary Containment (SDS-PUMP-150 presence of liquid - daily)	( ) SDS-101	( ) SDS-102	( ) SDS-103

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
SPENT DECON SYSTEM (SDS) *

Daily – Inside Toxic Area

1. **This inspection must be performed in person**.

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

a.	Pipe System, Valves, Pumps	( ) SDS-101	( ) SDS-102	( ) SDS-103

*** Note: This inspection covers the piping system and valves used to transfer spent decontamination solution to the 90-day tank located in the PUB.**

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature	Date	Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
TOXIC CUBICLE TANK

Daily

1. Mark with a ✓ whether inspection is being performed through the use of: Closed Circuit TV ( ), or In-Person ( ).

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

a.	Level Indicators and Transmitters	( ) ACS-101	( ) ACS-102
b.	Tank Structure	( ) ACS-101	( ) ACS-102
c.	Tank Area	( ) ACS-101	( ) ACS-102
d.	Tank Supports	( ) ACS-101	( ) ACS-102
e.	Pipe System, Valves and Pumps	( ) ACS-101	( ) ACS-102
f.	Secondary Containment (SDS-PUMP-151 presence of liquid -daily)	( ) ACS-101	( ) ACS-102

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

**ENVIRONMENTAL INSPECTION LOG
FOR THE
BRINE REDUCTION AREA SURGE TANKS**

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. Level Indicators and Transmitters

( )	( )	( )	( )
BRA-101	BRA-102	BRA-201	BRA-202

   b. Tank Structure

( )	( )	( )	( )
BRA-101	BRA-102	BRA-201	BRA-202

   c. Pipe Systems, Valves and Pumps

( )	( )	( )	( )	( )
BRA-101	BRA-102	BRA-201	BRA-202	Brine Loading Station

   d. Secondary Containment (presence of liquid)*

( )	( )	( )	( )	( )
BRA-101	BRA-102	BRA-201	BRA-202	Brine Loading Station

   e. Secondary Containment (system integrity)

( )	( )	( )	( )	( )
BRA-101	BRA-102	BRA-201	BRA-202	Brine Loading Station

   * Liquid may be present in the secondary containment from October 15 to April 15. The presence of water is necessary to ensure the proper operation of the heater located in the sump.

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

**ENVIRONMENTAL INSPECTION LOG
FOR THE
MUNITIONS DEMILITARIZATION BUILDING
VENTILATION CARBON FILTER SYSTEM
PERFORMED BY THE CONTROL ROOM OPERATOR**

1. **Record the value of all pressure differential and flow rate readings, satisfactory and unsatisfactory for all filter units. For on-line filter units, mark with an S any pressure differentials and flow rates found to be satisfactory or otherwise mark with a U. For off-line filter units spooled to the vestibule mark with an S for the absence of an ACAMS reading in the vestibule. For off-line filter units spooled that show an ACAMS reading in the vestibule, unless the alarm occurs during HVAC filter maintenance activities, mark with a U. For "Spooled to Vestibule" and "ACAMS at Midbed in Alarm" columns circle Yes or No as appropriate.**

Filter Unit	Spooled to Vestibule?	ACAMS at Midbeds in Alarm[1]		Overall Filter Unit Pressure Differential[2] (" WC)	Filter Unit Blower[3] (KCFM)
		2nd	3rd		
Filter 101 ( )	Yes/No	Yes/No	Yes/No		
Filter 102 ( )	Yes/No	Yes/No	Yes/No		
Filter 103 ( )	Yes/No	Yes/No	Yes/No		
Filter 104 ( )	Yes/No	Yes/No	Yes/No		
Filter 105 ( )	Yes/No	Yes/No	Yes/No		
Filter 106 ( )	Yes/No	Yes/No	Yes/No		
Filter 107 ( )	Yes/No	Yes/No	Yes/No		
Filter 108 ( )	Yes/No	Yes/No	Yes/No		
Filter 109 ( )	Yes/No	Yes/No	Yes/No		

NOTE:[1] The ACAMS alarm at the levels specified in the Agent Monitoring Plan. Monitoring information is observed to verify that no agent breakthrough for the 2nd and 3rd carbon banks has occurred. Breakthrough is defined as any confirmed reading equal to or greater than 3 TWA for GB or VX, or 3 CCL/TWA for HD.

[2] Record value and verify that differential pressure did not exceed 14" w.c.

[3] Record value and verify an inlet flow greater than or equal to 13,000 CFM.

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature _____ Date _____ Time _____

WEEKLY ENVIRONMENTAL INSPECTIONS

ENVIRONMENTAL INSPECTION LOG FOR THE CONTAINER HANDLING BUILDING (CHB) & SECONDARYCONTAINMENT SYSTEMS (Overpacks)

SECTION 1 (To be filled out daily and turned in weekly) **Week Ending _____(Sunday)**

Overpack(s) in storage more than 7 days will be monitored on day seven and every seventh day thereafter (list by overpack number). Record weekly monitoring results of overpacks listed (agent detected = +, agent not detected = -)

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results
# of ONCs														
# of Spray Tanks														
# of MK-116 Bomb Overpacks														
Initials														
Date														

Note: Overpacks with positive readings require priority processing.

Number of overpacks in storage (maximum = 48, including any combination of ONCs, Spray Tanks, or MK-116 Bombs)
The maximum number of mines stored in the CHB shall not exceed 864.

Inspector's Signature:_____ Date:_____ Time: _____

ENVIRONMENTAL INSPECTION LOG
FOR THE
CONTAINER HANDLING BUILDING
& SECONDARY CONTAINMENT SYSTEMS
(overpacks)

SECTION 2 (to be filled out weekly)

a. **Mark with an S any items found to be satisfactory. Mark with a U any items found to be unsatisfactory and describe unsatisfactory conditions in comments.**

i. ( ) Overpack (ONC) annual integrity test

ii. ( ) Overpack label

iii. ( ) Material Handling Equipment

iv. ( ) Storage Base (Floor, trenches, sumps)

v. ( ) General Area

b. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR
TMA "C" AIRLOCK

To be filled out weekly (when overpack is in storage):

a. **Mark with an S any items found to be satisfactory. Mark with a U any items found to be unsatisfactory and describe any unsatisfactory conditions in comments.**

i.	( )	Containers in Storage (maximum number of overpacks allowed = 1) Note: Total number of mines stored in the TMA Airlock/Decon Area shall not exceed 36.
ii.	( )	Container Labels
iii.	( )	Material Handling Equipment
iv.	( )	Closed Containers
v.	( )	Storage Base (floor, sumps)
vi.	( )	General area

b. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR
TMA DECON A/B AREA

To be filled out weekly (when overpack is in storage):

a. **Mark with an S any items found to be satisfactory. Mark with a U any items found to be unsatisfactory and describe any unsatisfactory conditions in comments.**

i. ( ) Containers in Storage (maximum number of overpacks allowed = 1)
Note: Total number of mines stored in the TMA Airlock/Decon Area shall not exceed 36.

ii. ( ) Container Labels

iii. ( ) Material Handling Equipment

iv. ( ) Closed Containers

v. ( ) Storage Base (floor, sumps)

vi. ( ) General area

b. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR
TMA CONTAINER STORAGE

To be filled out weekly:

a. **Mark with an S any items found to be satisfactory. Mark with a U any items found to be unsatisfactory and describe unsatisfactory conditions in comments.**

i. ( ) Volume of containers in storage (maximum allowed = 2,200 gallons)

ii. ( ) Container labels

iii. ( ) Material Handling Equipment

iv. ( ) Integrity of containers (i.e., absence of deterioration, corrosion, released material, etc.)

v. ( ) Storage base (floor, sumps)

vi. ( ) General area

vii. ( ) Closed Containers

b. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

WEEKLY ENVIRONMENTAL INSPECTION LOG FOR 24-HOUR INTERMITTENT COLLECTION UNITS AND MDB RCRA PERMITTED SUMPS (CATEGORY A, B, AND A/B AREAS)

Week Ending:_____

Location	Sump	Result (S or U)	Signature	Date	Time
LIC A/B Airlock	SDS-PUMP-180				
DFS B Airlock	SDS-PUMP-161				
111 B Airlock	SDS-PUMP-160				
111 A Airlock	SDS-PUMP-134				
LMC	SDS-PUMP-179				
LMC	SDS-PUMP-184				
LBSA	SDS-PUMP-164				
LBSA	SDS-PUMP-190				
123 B Airlock	SDS-PUMP-182				
123 A Airlock	SDS-PUMP-125				
TMA A Area	SDS-PUMP-135				
TMA A Area	SDS-PUMP-154				
TMA A/B Area	SDS-PUMP-153				
255 B Airlock	SDS-PUMP-123				
255 A Airlock	SDS-PUMP-124				
UMC	SDS-PUMP-112				
UMC	SDS-PUMP-113				
UMC	SDS-PUMP-114				
UMC	SDS-PUMP-115				
UMC	SDS-PUMP-116				
UMC	SDS-PUMP-117				
UMC	SDS-PUMP-118				
UMC	SDS-PUMP-169				
UMC	SDS-PUMP-174				
UMC	SDS-PUMP-189				
ECV	SDS-PUMP-108				
ECV	SDS-PUMP-109				
ECV	SDS-PUMP-110				
ECR A	SDS-PUMP-107				
ECR B	SDS-PUMP-106				
MPB	SDS-PUMP-145				
MPB	SDS-PUMP-146				
MPB	SDS-PUMP-147				
MPB	SDS-PUMP-148				
MPB	SDS-PUMP-149				
MPB	SDS-PUMP-168				
MPB	SDS-PUMP-175				
265 A Airlock	SDS-PUMP-126				
265 B Airlock	SDS-PUMP-127				

1. The sumps are identified by their corresponding pump numbers.
2. Physical visual inspection to determine if the liquid level in the sump corresponds with the alarm displayed on the advisor screen in the control room. **Mark with an S any items found to be satisfactory (i.e., those sumps where the liquid level corresponds to the alarm displayed on the advisor screen). Mark unsatisfactory items with a U and describe unsatisfactory conditions below.**

Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

Inspector's Signature_____Date_____Time_____

ACAMS WEEKLY/DAILY OPERATIONAL LOG

SEE TE-LOP-524

This page is only used for reference to remind inspectors of the weekly requirement.

ACAMS CALIBRATION DATA SHEET

SEE TE-LOP-524

This page is only used for reference to remind inspectors of the weekly requirement.

ENVIRONMENTAL INSPECTION LOG
FOR THE
SPENT DECON SYSTEM (SDS) ROOM

Weekly

1. This inspection is performed in-person.

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

a.	Level Indicators and Transmitters	( ) SDS-101	( ) SDS-102	( ) SDS-103
b.	Tank Structure	( ) SDS-101	( ) SDS-102	( ) SDS-103
c.	Tank Area	( ) SDS-101	( ) SDS-102	( ) SDS-103
d.	Tank Supports	( ) SDS-101	( ) SDS-102	( ) SDS-103
e.	Pipe System, Valves and Pumps	( ) SDS-101	( ) SDS-102	( ) SDS-103
f.	Secondary Containment (SDS-PUMP-150 presence of liquid - weekly)	( ) SDS-101	( ) SDS-102	( ) SDS-103
g.	Secondary Containment (system integrity - weekly)	( ) SDS-101	( ) SDS-102	( ) SDS-103

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
TOXIC CUBICLE TANK

Weekly

1. This inspection is performed in-person.

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

a.	Level Indicators and Transmitters	( ) ACS-101	( ) ACS-102
b.	Tank Structure	( ) ACS-101	( ) ACS-102
c.	Tank Area	( ) ACS-101	( ) ACS-102
d.	Tank Supports	( ) ACS-101	( ) ACS-102
e.	Pipe System, Valves and Pumps	( ) ACS-101	( ) ACS-102
f.	Secondary Containment (SDS-PUMP-151 presence of liquid)	( ) ACS-101	( ) ACS-102
g.	Secondary Containment (system integrity)	( ) ACS-101	( ) ACS-102

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

**ENVIRONMENTAL INSPECTION LOG
FOR THE
S-2 WAREHOUSE CONTAINER STORAGE AREA &
SECONDARY CONTAINMENT SYSTEMS**

To be filled out weekly:

a. **Mark with an S any items found to be satisfactory. Mark with a U any items found to be unsatisfactory and describe unsatisfactory conditions in comments.**

i. ( ) Volume of containers in storage (maximum allowed = 38,720 gallons)

ii. ( ) Volume of containers per secondary containment pallet (maximum allowed = 600 gallons per secondary containment pallet).

iii. ( ) Volume of largest container stored on a secondary containment pallet (maximum allowed = 60 gallons)

Note: Attachment 12 describes certain circumstances where a larger container could be stored.

iv. ( ) Segregation of incompatible wastes (i.e., only one type of site-generated wastes to be placed in a secondary containment pallet at one time).

v. ( ) Container labels

vi. ( ) Material Handling Equipment

vii. ( ) Integrity of containers (i.e., absence of deterioration, corrosion, released material, etc.)

viii. ( ) Integrity of secondary containment pallets (i.e., absence of deterioration, corrosion, released material, etc.)

ix. ( ) General Area

x. ( ) Closed Containers

b. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE UNPACK AREA (UPA) CONTAINER STORAGE AREA

SECTION 1 (To be filled out daily and turned in weekly) **Week Ending _____(Sunday)**

Overpack(s) in storage more than 7 days will be monitored on day seven and every seventh day thereafter (list by overpack number). Record weekly monitoring results of overpacks listed (agent detected = +, agent not detected =)

	MONDAY		TUESDAY		WEDNESDAYY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results	Overpack Number	Monitoring Results
# of ONCs														
# of Spray Tanks														
# of MK-116 Bomb Overpacks														
Initials														
Date														

Note: Onsite Container (ONC) is used interchangeably with Overpack for UPA operations.
Overpacks with positive readings require priority processing.

Number of overpacks in storage (maximum allowed = 9 ONCs, 12 Spray Tank Overpacks, or 40 MK-116 Bomb Overpacks); Maximum number of mines in storage shall not exceed 324.

Inspector's Signature:_____ Date:_____ Time:_____

ENVIRONMENTAL INSPECTION LOG
FOR THE UPA CONTAINER STORAGE AREA
(Continued)

SECTION 2 (to be filled out weekly)

a. **Mark with an S any items found to be satisfactory. Mark with a U any items found to be unsatisfactory and describe unsatisfactory conditions in comments.**

( ) Overpack label
( ) Material Handling Equipment
( ) Storage Base (floors, trenches, sumps when the UPA is used for secondary containment)
( ) General Area

b. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE UPA CONTAINER STORAGE AREA
(ONLY APPLICABLE WHEN SECONDARY CONTAINMENT PALLETS ARE USED)

To be filled out weekly:

a. **Mark with an S any items found to be satisfactory. Mark with a U any items found to be unsatisfactory and describe unsatisfactory conditions in comments.**

i. ( ) Total number of overpacks and secondary containment pallets (including projectile stand and rocket trolleys) used for storage in UPA.

Munitions Stored	Maximum Number of Overpacks and Secondary Containment Pallets Allowed	Number of Overpacks and Secondary Containment Pallets in Storage
Spray Tanks Only	12	
MK-116 Bombs Only	40	
M23 Mines Only	18	
All Other Munitions or Combination of Munitions	9	

ii. ( ) Number of containers per secondary containment pallet (maximum not to exceed quantities listed below).

Munition	Maximum Number Per Pallet	Number of Munitions on Each Pallet
155 mm projectile	96	
M55 rocket	30	
Ton container	2	
Spray Tank	1	
4.2” mortar	192	
105 mm projectile	96	
MK-116 bomb	1	

iii. ( ) Ensure that the munition(s) or pallet(s) of munitions do not extend over the edge of the secondary containment pallet.

iv. ( ) Integrity of containers (i.e., absence of deterioration, rupture, corrosion, released material, etc.) [For mines stored in mine drums, the mine drums are considered to be the containers.]

v. ( ) Integrity of secondary containment pallets (i.e., absence of deterioration, rupture, corrosion, released material, etc.)

vi. ( ) General Area

vii. ( ) Closed Containers

b. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature **Date** **Time**

**ENVIRONMENTAL INSPECTION LOG
FOR THE
ECV CONTAINER STORAGE AREA**

To be filled out weekly:

1. **Mark with an S any items found to be satisfactory. Mark with a U any items found to be unsatisfactory and describe unsatisfactory conditions in comments.** Inspection to be performed by visual inspection (e.g., CCTV, advisor screens in control room, etc.).

   a. ( ) Storage Base (floor)

   b. ( ) General Area

   c. ( ) Number of containers in storage in the ECV.

Munition/Bulk Container	Number in Storage	Maximum Number Allowed
155-mm Projectiles		28
M55 Rockets		3
Mines		60
Ton Containers		4
Spray Tanks		1
4.2” Mortars		38
105-mm Projectiles		30
MK-116 Bombs		4

   d. ( ) Integrity of containers (i.e., absence of deterioration, corrosion, released material, etc.) [For mines stored in mine drums, the mine drums are considered to be the containers.]

   e. ( ) Closed Containers

   Note: The required inspections for the material handling equipment and the sumps (ICUs) located in this room are addressed on other inspection logs located in Attachment 5.

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature _____ Date _____ Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
UPMC CONTAINER STORAGE AREA

To be filled out weekly:

a. **Mark with an S any items found to be satisfactory. Mark with a U any items found to be unsatisfactory and describe unsatisfactory conditions in comments.** Inspection to be performed by visual inspection (e.g., CCTV, advisor screens in control room, etc.).

i. ( ) Storage Base (floor)

ii. ( ) General Area

iii. ( ) Number of containers in storage in the UPMC.

Munition/Bulk Container	Maximum Number Allowed	Number In Storage
155-mm Projectiles	1,004	
Ton Containers	19	
Spray Tanks	10	
4.2" Mortars	1,957	
105-mm Projectiles	1,956	
MK-116 Bombs	19	

iv. ( ) Integrity of containers (i.e., absence of deterioration, corrosion, released material, etc.)

v. ( ) Closed Containers

Note: The required inspections for the material handling equipment and the sumps (ICUs) located in this room are addressed on other inspection logs located in Attachment 5.

b. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature _____ Date _____ Time

PREPAREDNESS & PREVENTION READINESS INSPECTION LOG
FOR THE
SECURITY FENCING

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Security Fencing (See security inspection logs)

   b. ( ) Security Lighting (See security inspection logs)

   c. ( ) Warning Signs (See security inspection logs)

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

PREPAREDNESS & PREVENTION READINESS INSPECTION LOG
FOR THE
SITE EVACUATION ALARM

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Evacuation Siren (See security inspection logs)

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

MONTHLY
ENVIRONMENTAL INSPECTIONS

MONTHLY ENVIRONMENTAL INSPECTION LOG FOR 24-HOUR INTERMITTENT COLLECTION UNITS AND MDB RCRA PERMITTED SUMPS (CATEGORY A, B, AND A/B AREAS)

MONTH ENDING:_____

Location	Sump	Result (S or U)	Signature	Date	Time
LIC1 Primary	SDS-PUMP-188				
LIC2 Primary	SDS-PUMP-157				

1. The sumps are identified by their corresponding pump numbers.
2. Physical visual inspection to determine if the liquid level in the sump corresponds with the alarm displayed on the advisor screen in the control room. **Mark with an S any items found to be satisfactory (i.e., those sumps where the liquid level corresponds to the alarm displayed on the advisor screen). Mark unsatisfactory items with a U and describe unsatisfactory conditions below.**

Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature_____Date_____Time_____

ENVIRONMENTAL INSPECTION LOG
FOR THE
LIQUID INCINERATOR NO. 1 PRIMARY CHAMBER

Monthly

1. This inspection is performed in-person.

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Primary Chamber Agent Feed Line
   LIC 1

   b. ( ) Primary Chamber
   LIC 1

   c. ( ) Primary Chamber Combustion Air Blowers
   LIC 1

   d. ( ) Primary Chamber Room Floor
   LIC 1

4. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
LIQUID INCINERATOR NO. 2 PRIMARY CHAMBER

Monthly

1. This inspection is performed in-person.

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Primary Chamber Agent Feed Line
   LIC 2

   b. ( ) Primary Chamber
   LIC 2

   c. ( ) Primary Chamber Combustion Air Blowers
   LIC 2

   d. ( ) Primary Chamber Room Floor
   LIC 2

4. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
DEACTIVATION FURNACE

Monthly

1. This inspection is performed in-person.

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Combustion Air Blower

   b. ( ) Rotary Kiln

   c. ( ) Rotary Kiln Drive

   d. ( ) Rotary Kiln Drive Lubrication System

   e. ( ) Heated Discharge Conveyor

   f. ( ) Heated Discharge Conveyor (floor underneath)

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature **Date** **Time**

ENVIRONMENTAL INSPECTION LOG
FOR THE
METAL PARTS FURNACE

Monthly

1. This inspection is performed in-person.

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Waste Feed System

   b. ( ) Combustion Air Blowers (evaluate performance through CON Advisor indications)

   c. ( ) Primary Chamber

   d. ( ) Afterburner

   e. ( ) Ductwork joining Primary Chamber and Afterburner

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

EMERGENCY RESPONSE EQUIPMENT MONTHLY INVENTORY LOG

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

		ITEM	LOCATION
a.	( )	HAZMAT Truck	Bldg S1
b.	( )	Ton Container Repair Kit (1)	MDB
c.	( )	85 Gallon Overpacks (3)	Bldg S1/S4
d.	( )	OSHA Level A Response Suits (12)	PMB TAP Room
e.	( )	OSHA Saranex Suits (6)	PMB TAP Room
f.	( )	OSHA Level C Response Suits (6)	HAZMAT Truck
g.	( )	OSHA Overboots (6 pair)	HAZMAT Truck
h.	( )	SCBA Packs with Bottles (6)	HAZMAT Truck
i.	( )	Spare Air Pack Bottles (6)	HAZMAT Truck
j.	( )	Particulate/Organic Vapor Cartridge Respirators (6)	HAZMAT Truck
k.	( )	Non-Sparking Tool Kit (1)	HAZMAT Truck
l.	( )	Portable Eyewash (1)	PMB TAP Room
m.	( )	Caustic Neutralizer (10 gallons)	Bldg S1/S5
n.	( )	Acid Neutralizer (10 gallons)	Bldg S1/S5
o.	( )	Shovels (5 each)	HAZMAT Truck
p.	( )	Brooms (5 each)	HAZMAT Truck /Bldg S5
q.	( )	Absorbent (100 lbs)	Bldg S1/S5
r.	( )	Foot Baths (4)	DECON Trailer
s.	( )	TAP Butyl M3 Coveralls or OSHA Level A Response Suits (6)	HAZMAT Truck
t.	( )	TAP Butyl Hoods (6)	HAZMAT Truck
u.	( )	TAP Butyl M2A1 Boots (6 pair)	HAZMAT Truck
v.	( )	TAP Butyl M2 Gloves (6 pair)	HAZMAT Truck
w.	( )	TAP Butyl M2 Aprons or OSHA Level C Coveralls (6)	HAZMAT Truck
x.	( )	Agent Antidote Kits (6)	HAZMAT Truck
y.	( )	Water for Decon (25 gallons)	DECON Trailer

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

**ENVIRONMENTAL INSPECTION LOG
FOR THE ROCKET SHEAR MACHINE
PERFORMED BY CONTROL ROOM OPERATOR**

Monthly

1. **Mark with an S any items found to be satisfactory. Mark items found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Waste Feed System => (N/A) ECR A ( ) ECR B

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

Inspector's Signature | Date | Time

ENVIRONMENTAL INSPECTION LOG
FOR THE PROJECTILE/MORTAR DISASSEMBLY MACHINE
PERFORMED BY CONTROL ROOM OPERATOR

Monthly

1. **Mark with an S any items found to be satisfactory. Mark items found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Waste Feed System ( ) ECR A (N/A) ECR B

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature	Date	Time

PREPAREDNESS & PREVENTION READINESS INSPECTION LOG
FOR THE
EMERGENCY GENERATORS

Monthly

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. Emergency Generators

   ( ) GEN-GENR-101:

   Date_____
   Time_____
   Inspector's Signature_____

   ( ) GEN-GENR-102:

   Date_____
   Time_____
   Inspector's Signature_____

   ( ) GEN-GENR-104:

   Date_____
   Time_____
   Inspector's Signature_____

   b. Uninterruptible Power Supply (See completed PM work orders)

   ( ) UPS-101:

   Date_____
   Time_____
   Inspector's Signature_____

   ( ) UPS-102:

   Date_____
   Time_____
   Inspector's Signature_____

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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ENVIRONMENTAL INSPECTION LOG
FOR THE
BRINE REDUCTION AREA SURGE TANKS

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. Cathodic Protection (sources of impressed current – every other month)

( )	( )	( )	( )
BRA-101	BRA-102	BRA-201	BRA-202

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature _____ Date _____ Time _____

QUARTERLY, SEMI ANNUAL, & ANNUAL INSPECTIONS

ENVIRONMENTAL INSPECTION LOG
FOR THE
SPENT DECON SYSTEM (SDS) ROOM

Annual

1. This test is performed in-person.

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

a.	Ultrasonic Thickness Testing	( ) SDS-101	( ) SDS-102	( ) SDS-103

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature _____ Date _____ Time _____

PREPAREDNESS & PREVENTION READINESS INSPECTION LOG
FOR THE
FIRE PROTECTION SYSTEMS

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

a. Fire Protection Systems (See subcontractor's inspection reports)

( ) Halon System (Control Room)

( ) Dry Chemical Systems (Dun Lift, Toxic Cubicle, Common PAS)
circle system found unsatisfactory

( ) Automatic Sprinkler System (CHB, UPA)
circle system found unsatisfactory

( ) Fire Hydrants (See DCD fire department records)

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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_____ _____ _____
Inspector's Signature Date Time

PREPAREDNESS & PREVENTION READINESS INSPECTION LOG FOR THE EMERGENCY GENERATORS

Annual

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. Emergency Generators

   ( ) **GEN-GENR-101**:

   Date_____
   Time_____
   Inspector's Signature_____

   ( ) **GEN-GENR-102**:

   Date_____
   Time_____
   Inspector's Signature_____

   ( ) **GEN-GENR-104**:

   Date_____
   Time_____
   Inspector's Signature_____

   b. Uninterruptible Power Supply

   ( ) **UPS-101**:

   Date_____
   Time_____
   Inspector's Signature_____

   ( ) **UPS-102**:

   Date_____
   Time_____
   Inspector's Signature_____

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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ENVIRONMENTAL INSPECTION LOG
FOR THE
BRINE REDUCTION AREA SURGE TANKS

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. Cathodic Protection (proper operation)

( )	( )	( )	( )
BRA-101	BRA-102	BRA-201	BRA-202

   b. Pipe Trench ( ) Annually

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature	Date	Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
TOXIC CUBICLE TANK

Annually

1. This inspection is performed in-person.

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. Fixed Roof and Closure Devices ( ) ACS-101 ( ) ACS-102

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTIONS FOR INACTIVE SYSTEMS

**ENVIRONMENTAL INSPECTION LOG
FOR THE
DUNNAGE INCINERATOR**

1. Mark with a ✓ whether the inspection is being performed through the use of a Closed Circuit TV ( ), or In-Person ( ).

2. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

   a. ( ) Waste Feed System

   b. ( ) Combustion Air Blower

   c. ( ) Primary Combustion Chamber

3. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

**ENVIRONMENTAL INSPECTION LOG
FOR THE
DUNNAGE INCINERATOR
POLLUTION ABATEMENT SYSTEM**

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

a.	( )	Exhaust Gas Ductwork
b.	( )	Afterburner
c.	( )	Afterburner Combustion Air Blower
d.	( )	Quench Tower and Associated Pumps/Piping
e.	( )	Baghouse - differential pressure reading = Action Level: 0.0 inches WC
f.	( )	Baghouse ash discharge area
g.	( )	Induced Draft Fan
h.	( )	DUN PAS Pad SUMP
h.	( )	Exhaust Stack

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
INCINERATOR RESIDUE DISCHARGE POINTS &
LOAD/UNLOAD AREAS (DUN)

1. **Mark with an S any items found to be satisfactory. Mark area found to be unsatisfactory with a U and describe unsatisfactory conditions in comments.**

   a. ( ) DUN Baghouse Discharge Area

   b. ( ) DUN Ash Discharge Area

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
BRINE REDUCTION AREA
EVAPORATORS, HEAT EXCHANGERS, & DRUM DRYERS

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

a. Level Indicators and Transmitters

( )	( )	( )	( )	( )	( )	( )
EXCH-101	EXCH-102	EVAP-101	EVAP-102	DDYR-101	DDYR102	DDYR-103

b. Tank Area

( )	( )	( )	( )	( )	( )	( )
EXCH-101	EXCH-102	EVAP-101	EVAP-102	DDYR-101	DDYR-102	DDYR-103

c. Tank Structure

( )	( )	( )	( )	( )	( )	( )
EXCH-101	EXCH-102	EVAP-101	EVAP-102	DDYR-101	DDYR-102	DDYR-103

d. Pipe Systems, Valves, and Pumps

( )	( )	( )	( )	( )	( )	( )
EXCH-101	EXCH-102	EVAP-101	EVAP-102	DDYR-101	DDYR-102	DDYR-103

e. Secondary Containment System (cracks/gaps)

( )	( )	( )	( )	( )	( )	( )
EXCH-101	EXCH-102	EVAP-101	EVAP-102	DDYR-101	DDYR-102	DDYR-103

f. Secondary Containment System (presence of liquids)

( )	( )	( )	( )	( )	( )	( )
EXCH-101	EXCH-102	EVAP-101	EVAP-102	DDYR-101	DDYR-102	DDYR-103

g. Drum Dryer Salt Conveyors

( )	( )	( )
DDYR-101	DDYR-102	DDYR-103

h. Drum Dryer Discharge Conveyors

( )	( )	( )
DDYR-101	DDYR-102	DDYR-103

i. Drum Dryer Catch Pans

( )	( )	( )
DDYR-101	DDYR-102	DDYR-103

2. Describe corrective actions taken, including any work orders (by number) generated to address conditions found to be unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature _____ Date _____ Time

ENVIRONMENTAL INSPECTION LOG
FOR THE
BRINE REDUCTION AREA
POLLUTION ABATEMENT SYSTEM

1. **Mark with an S any items found to be satisfactory. Mark unsatisfactory items with a U and describe unsatisfactory conditions in comments.**

a. ( ) Knockout Box Manway Cover, Knife Gate, Flashing
b. ( ) Knockout Box Discharge Container & Transfer Hose
c. ( ) PAS Ductwork Flange Connections
d. ( ) Baghouse(s) Flashing, Access Door, Knife Gate
e. ( ) Baghouse(s) Discharge Container & Transfer Hose
f. ( ) Baghouse Pad Sump
g. ( ) Exhaust Stack Plume Opacity
h. ( ) Emergency Equipment
i. ( ) Spill Kit
j. ( ) Compliance Inst. Calibration
k. ( ) Baghouse(s) Differential Pressure Reading(s)

INSTRUMENT TAG ID	DIFFERENTIAL PRESSURE
PDI-143	
PDI-144	
PDI-145	
PDI-186	

Action Level for baghouse differential pressure low is: 1.0 inches WC
Action Level for baghouse differential pressure high is: 5.0 inches WC

2. Describe items marked unsatisfactory and corrective action taken (to include any work order number(s) generated to address items marked as unsatisfactory. **Document any abnormal conditions.**

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Inspector's Signature Date Time